



2014



PUBLIC EMPLOYEES INSURANCE AGENCY



**MOUNTAINEER FLEXIBLE BENEFITS PLAN
RETIREE
REFERENCE GUIDE**

Retiree Mountaineer Flexible Benefits Plan

Table of Contents

- 3 Completing Your Enrollment Form
- 4 Eligibility Requirements
- 5 Changing Your Coverage
- 6 Delta Dental Care - Dental Plans
- 9 Vision Service Plan
- 11 Hearing Health Care
- 13 Beyond Your Benefits

Benefits Directory

Delta Dental of West Virginia (Dental) Plan #01058

Customer Service

Mon - Fri, 8 a.m. - 8 p.m. ET

1-800-932-0783

www.deltadentalins.com

Vision Service Plan (Vision Signature Plan)

Customer Service

Mon - Fri, 8 a.m. - 7 p.m. ET

1-800-877-7195

www.vsp.com

EPIC Hearing Service Plan (Hearing Benefits)

Mon - Fri, 9 a.m. - 9 p.m. ET

1-866-956-5400

www.epichearing.com

FBMC Benefits Management

Service Center

Mon - Fri, 7 a.m. - 8 p.m. ET

1-844-55-WVA4U (1-844-559-8248)

Welcome to your Retiree Mountaineer Flexible Benefits Plan! FBMC Benefits Management is the administrator of this plan, giving you the opportunity to purchase dental, vision and hearing coverage. In addition to this reference guide, you will find a Retiree Enrollment Form in this packet. **Please keep this Reference Guide for use during the plan year.**

If you wish to participate in coverage as a retiree, complete and return the enclosed Retiree Enrollment Form. **For Open Enrollment, you do not need to complete a Retiree Enrollment Form if you wish to continue your current retiree benefits without changes. New retirees must complete a Retirement Enrollment Form. Benefits do not rollover from active employment into retirement.** All mailings must be postmarked by **April 30, 2013**, which is the last day of open enrollment. (Late forms will not be accepted.)

For more information, contact FBMC Service Center at 1-844-55-WVA4U (1-844-559-8248).

Please send the WHITE copy of the form to:

FBMC Benefits Management

P.O. Box 10789

Tallahassee, Florida 32302-2789

Completing Your Enrollment Form

For Open Enrollment, you do not need to complete a Retiree Enrollment Form if you wish to continue your current retiree benefits without changes. New retirees must complete a Retirement Enrollment Form. Benefits do not rollover from active employment into retirement.

Enrollment Form Section 1

Complete all of your personal information.

Enrollment Form Section 3

For each benefit you are selecting, you must check the appropriate box next to the corresponding benefit. Remember to complete all requested information for your benefits.

Dental Care: You may select any of the three Delta Dental plans: Delta Assistance Plan, Basic Plan or Enhanced Plan.

- Check the type of coverage you are choosing.
- If you are selecting 'Retiree & Children,' 'Retiree & Spouse,' or 'Retiree & Family' coverage, you must complete the dependent information in Section 4.

Vision Care: You may choose either the Full Service Plan or the Exam Plus Plan, but not both. Check the type of coverage you are choosing. If you select 'Retiree & Family' coverage, you must complete the dependent information in Section 4.

Hearing Benefit: You may choose 'Retiree Only,' 'Retiree & Children,' 'Retiree & Spouse' or 'Retiree & Family' coverage.

Important Dates to Remember

Plan Year: July 1, 2013 – June 30, 2014

Open Enrollment for Current Retirees:

April 1, 2013 – April 30, 2013

Enrollment Form Section 4

If you selected dependent coverage (child, spouse, family) for dental, vision and/or hearing benefits, you must complete this section. This includes the dependents' names, relationship to you, birth dates and Social Security numbers.

If your retirement date is after July 1, 2013, your Enrollment Form must be returned within 60 days of your retirement date. Your coverage will be effective the first day of the month following your retirement and you will be billed accordingly.

Until deductions begin, payment by personal check or money order is required. Coupons will be sent for your use until deductions begin from your retirement check.

Eligibility Requirements

Who is Eligible?

An eligible retiree is a former employee, or the surviving spouse of a former employee, of the State of West Virginia, County Board of Education or any non-state agency who currently receives income under the WV Consolidated Public Retirement Board (CPRB) or is a participant in a TIAA-CREF retirement plan.

How to Enroll?

Current Retirees

If you wish to enroll in vision, dental or hearing coverage, you will need to complete, sign and return the Retiree Enrollment Form to FBMC Benefits Management. Your mailing must be postmarked by April 30, 2013. Late forms will not be accepted. For more information, contact the FBMC Service Center at 1-844-55-WVA4U (1-844-559-8248).

New Retirees

If you wish to enroll in vision, dental or hearing coverage, you will need to complete, sign and return the enclosed Retiree Enrollment Form within 60 days of retiring. Your coverage will be effective the first day of the month following your retirement and you will be billed accordingly. If you do not enroll during this time, you must wait until the next open enrollment period to participate.

For more information, please contact FBMC Service Center at 1-844-55-WVA4U (1-844-559-8248).

Benefits you choose will remain in effect for one plan year, without exception.

You may only change your coverage if you experience a qualifying Change in Status (CIS) event.

Making Payments

• State of West Virginia Retirement System Retirees

Payment for vision, dental and hearing benefits will be deducted from your West Virginia CPRB retirement check, unless premium costs are greater than the total amount of your check. In this instance, payment can be made directly by the use of coupons.

Until deductions begin, payment by personal check or money order is required. Full premium payment(s) must be paid by the due date specified. Coupons will be sent for your use until deductions begin from your retirement check.

• TIAA-CREF Retirees

Payment by personal check or money order should be sent with the monthly coupons supplied to you and must be paid by the due date specified.

Changes to Coverage

Any changes to your retiree benefits will require your written authorization. Premium changes due to your written authorization will be promptly initiated after your written request has been received.

If you experience a qualifying Change In Status (CIS) event during your coverage as a retiree, coverage levels can be increased or decreased based on the type of CIS event.

If you are having premium payments deducted from your retirement check, any required refunds will be completed as soon as verification is received that your deduction has changed.

Be sure to carefully consider your benefit elections. Coverage you select will stay in effect the entire plan year and coverage you cancel cannot be reinstated until the next annual open enrollment period.

Please send your written requests for changes to:

FBMC Benefits Management

P.O. Box 10789

Tallahassee, Florida 32303-2789

Changing Your Coverage

How do I make a change?

Within **60 days** of an event that is consistent with one of the events below, you must contact FBMC Benefits Management, with your change information.

What are the IRS Special Consistency Rules governing Changes in Status?

1. **Loss of Dependent Eligibility**– If a change in your marital status involves a decrease or cessation of your spouse's or dependent's eligibility for coverage due to: your divorce, or annulment from your spouse, your spouse's or dependent's death or a dependent ceasing to satisfy eligibility requirements, you may decrease or cancel coverage only for the individual involved. You cannot decrease or cancel any other individual's coverage under these circumstances.
2. **Gain of Coverage Eligibility Under Another Employer's Plan**– If you, your spouse or your dependent gains eligibility for coverage under another employer's plan as a result of a change in marital or employment status, you may cease or decrease that individual's coverage.

Delta Dental Plans

Strong, healthy teeth create beautiful smiles. To give your smile the care and attention it deserves, Delta Dental offers you the Dental Assistance, Basic and Enhanced Indemnity dental care plans.

With Delta Dental, you have complete freedom of choice in selecting a dentist. You can choose a dentist from the Delta Dental Premier® or Delta Dental PPOSM networks, or a dentist who does not participate in either network. Your choice of dentist can determine your cost savings.

There are 861 Delta Dental Premier access points and 614 Delta Dental PPO access points in West Virginia.

Delta Dental PPO dentists will accept the Delta Dental PPO Maximum Plan Allowance (MPA)* or the dentist's fee – whichever is less (the PPO Allowed Amount) – as payment in full for covered services. Copayments and deductibles may also apply.

Delta Dental Premier dentists will accept the Delta Dental Premier MPA (a slightly higher MPA) or the dentist's total charge – whichever is less (Premier Allowed Amount) – as payment in full for covered services. Copayments and deductibles may also apply.

Non-participating dentists do not contract with Delta Dental to limit their costs. For services received from non-participating dentists, you are responsible for these dentists' total charges without limit by Delta Dental, including applicable copayments and deductibles. Delta Dental will reimburse you for its portion of the PPO Allowed Amount.

Your total out-of-pocket payment is least if you go to a PPO dentist, is more if you go to a Premier dentist, and likely will be highest if you go to a non-participating dentist. Please call Delta Dental to find a participating dentist in your area at **1-800-932-0783**, or visit **www.deltadentalins.com**.

Employees who visit a dentist under the Delta Dental PPO network or the Delta Dental Premier network will receive the benefit of increased plan year maximums.

This year, you may enroll in any of the following three dental programs:

Dental Assistance Plan

The Dental Assistance plan is a discounted open network, managed-cost dental plan that allows employees the freedom to choose any dentist for treatment, but they receive the greatest benefits when they visit a Delta Dental participating dentist.

Basic Plan

The Basic plan is a low-cost plan designed to cover preventive and basic services only. Please look carefully at the plan descriptions in the chart before making your choice.

Enhanced Plan

The Enhanced plan is the most comprehensive coverage offered with this program and covers preventive, basic and major restorative, orthodontic and TMJ services.

Your Monthly Retiree Rates

Dental Assistance

| | |
|--------------------|---------|
| Retiree Only | \$10.46 |
| Retiree & Children | \$20.97 |
| Retiree & Spouse | \$23.39 |
| Retiree & Family | \$33.95 |

Basic

| | |
|--------------------|---------|
| Retiree Only | \$17.95 |
| Retiree & Children | \$35.95 |
| Retiree & Spouse | \$40.06 |
| Retiree & Family | \$58.10 |

Enhanced

| | |
|--------------------|---------|
| Retiree Only | \$29.85 |
| Retiree & Children | \$59.71 |
| Retiree & Spouse | \$69.33 |
| Retiree & Family | \$99.04 |

Plan #01058

* Maximum Plan Allowance is an amount, determined by Delta Dental, from claim charges submitted on a regional basis for a given service by dentists of similar training within the same geographical area. These charges are blended by Delta Dental with dentist fee information from a number of other sources, using various factors, subject to regulatory limitations and adjustment for extraordinary circumstances, such as extreme difficulty or unusual circumstances.

Delta Dental Care - Dental Plans

| Partial List of Covered Services | DENTAL ASSISTANCE PLAN | BASIC PLAN | ENHANCED PLAN |
|---|--|--|---|
| DEDUCTIBLE (per person per plan year) | You pay \$25 (applies to all services) [†] | You pay \$25 (applies to all services) [†] | You pay \$50 (diagnostic, preventive and ortho are exempt) |
| Maximum total family deductible | \$75 | \$75 | \$150 |
| Plan year max (per person) | | | |
| Delta Dental network dentist | \$750 | \$750 | \$1,250 |
| Non-participating dentist | \$500 | \$500 | \$1,000 |
| OTHER MAXIMUMS | | | |
| Ortho Lifetime Max. | N/A | N/A | \$1,000 |
| TMJ Disorder | N/A | N/A | \$500 |
| BENEFIT | PLAN PAYS | PLAN PAYS | PLAN PAYS |
| Diagnostic/Preventive Services*** | 100%* | 80%* | 100%* |
| Visits/Exams (twice in a plan year) | | | |
| - Routine cleaning (twice in a plan year) | | | |
| - Fluoride treatments (to age 19, twice in a plan year) | | | |
| - Bitewing X-rays (twice in a plan year) | | | |
| - Space maintainers (to age 14) | | | |
| - Sealants (to age 14, once in any 36-month period on unfilled permanent first and second molars) | | | |
| Basic Restorative | 25%* | 80%* | 80%* |
| Amalgam ("silver") and composite ("white" non-molar) fillings | | | |
| Oral Surgery | 25%* | 80%* | 80%* |
| - Extractions | | | |
| - Oral surgery procedures | | | |
| - General Anesthesia and IV sedation are benefited with all covered oral surgery procedures and with select endodontic and periodontic surgeries. | | | |
| Endodontics | 25%* | 80%* | 80%* |
| - Pulpal therapy | | | |
| - Root canal therapy | | | |
| Periodontics*** | 25%* | 80%* | 80%* |
| Treatment for gums and supporting structures | | | |
| Major Restorative** | NOT COVERED | NOT COVERED | 50%* |
| Inlays, onlays, crowns | | | |
| Prosthodontic** | NOT COVERED | NOT COVERED | 50%* |
| - Bridges | | | |
| - Full and partial dentures | | | |
| - Denture adjustments/relining | | | |
| Orthodontia** (For eligible employees, spouses, and dependent children to age 26) | NOT COVERED | NOT COVERED | 50%* |
| TMJ | NOT COVERED | NOT COVERED | 50%* |

[†] Deductible waived for diagnostic/preventive procedures at Delta Dental PPO Provider. Deductible applies to all services rendered by Delta Dental Premier and non-participating dentists.

* Percentage is based on Delta Dental's applicable Maximum Plan Allowance or the dentist's fee, whichever is less (the Allowed Amount). The Delta Dental payment under the program, plus the patient payment, equals the Allowed Amount, which is accepted by Delta Dental participating dentists as full payment. Participating dentists are paid directly by Delta Dental, and by agreement cannot bill you more than the applicable copayment, deductible or charges where maximums have been exceeded for covered services. By selecting a participating dentist, you always limit your out-of-pocket costs. For services performed by non-participating dentists, Delta Dental sends the benefit payment directly to you. You are responsible for paying the non-participating dentist's total fee, which may include amounts in addition to your share of Delta Dental's Allowed Amount. Out-of-pocket costs may also include applicable copayments, deductibles, charges where maximums have been exceeded, and services not covered by the Group Dental Service Contract.

** Major Restorative, Prosthodontics, and Orthodontics require 6 month plan participation.

*** Enhanced benefits for pregnancy, which include an additional oral evaluation and a choice of an additional periodontal scaling, root planing or prophylaxis, or additional periodontal maintenance procedure are covered.

Delta Dental Care - Dental Plans

Further Information

You may cover your spouse and any children, stepchildren or foster children, up to age 26.

See the chart on the previous page for a partial list of covered services. For more information concerning your benefits or to request a claim form, call the Interactive Benefits Information Line at 1-844-55-WVA4U (1-844-559-8248).

There are no I.D. cards distributed with these plans. All you need to tell your dentist is that you have Delta Dental and plan #01058. Submit claim forms to:

**Delta Dental of West Virginia
P.O. Box 2105
Mechanicsburg, PA 17055-2105**

Customer Service: 1-800-932-0783

TTY/TDD: 1-888-373-3582.

How to Print your ID Card

1. Go to www.deltadentalins.com
2. Log in to Online Services with your username and password. (If you don't already have a username or password, click "Register Today" link to complete the quick registration process.)
3. Once you've logged in, click the "Eligibility & Benefits" tab.
4. Select "Print ID Card" on the left-hand side of the page. (If you do not see this option, in some instances you may also need to click on the "Eligibility & Benefits" link on the left-hand side of the page before you have the option to select "Print an ID Card.")
5. Click "Print."

Note: The card is not required to obtain services.

Vision Service Plan

Vision Service Plan (VSP) offers you the Full Service or Exam Plus vision coverage plans to help pay for your eyecare needs.

Full Service Plan

The Full Service Plan covers you and your family for all routine eye care including eye exams, eyeglass lenses and frames, or contact lenses. When it's time for an eye exam and/or eyeglasses, you can see any VSP doctor you want, or use a non-member doctor.

The deductible for materials is \$20. A member may receive an examination and contact lenses or spectacle lenses once every plan year. Contact lenses are in lieu of lenses and frames. In other words, if a member chooses to use the contact lens benefit, this utilizes the lenses and frame benefit. The member would then be eligible for the frame benefit on July 1st.

| Full Service Plan (Plan Year runs July 1 through June 30) | | |
|---|---|-------------------|
| | VSP MEMBER DOCTOR | NON-MEMBER DOCTOR |
| Co-payments[†] | | |
| Exam | \$20 | \$20 |
| Prescription Glasses | \$20 | \$20 |
| | Plan Pays | Plan Pays |
| Vision Examination** (every plan year) | Covered in full | \$35 |
| Lenses (every plan year)*** | | |
| Single Vision Lenses** | Covered in full | \$25 |
| Bifocal Lenses (including progressive lenses)** | Covered in full | \$40 |
| Trifocal Lenses (including progressive lenses)** | Covered in full | \$55 |
| Lenticular Lenses** | Covered in full | \$80 |
| Frames (every other plan year)*** (up to \$150 allowance) | Covered in full* | \$45 |
| Contacts Lenses** (in place of lenses and frames) | | |
| Necessary | Covered in full*** | Exam & \$210 |
| Elective | \$150 allowance | Exam & \$105 |
| Fitting and evaluation | services are covered in full once every plan year, after a maximum \$60.00 co-payment**** | \$0 |

Your Monthly Retiree Rates

Full Service Plan

| | |
|------------------|---------|
| Retiree Only | \$9.49 |
| Retiree & Family | \$23.07 |

Participants receive a 20 percent discount on additional pairs of prescription glasses or non-prescription glasses, including sunglasses from a VSP Member Doctor. You can also receive a 15 percent discount on the participating doctor's professional fees when you purchase prescription contact lenses. This benefit is available in conjunction with your VSP contact lens allowance, or you can use it to purchase contacts in addition to glasses.

These discounts may be used for 12 months following the date of the covered eye examination and are available from any participating VSP Member Doctor.

VSP's LaserVision Care Program now provides discounts for LASIK and PRK surgeries from network laser surgery centers. Contact your VSP doctor for more information.

You may choose to cover your family by selecting the "Employee & Family" rates. You may cover your spouse and any children, stepchildren or foster children up to age 26.

Value-Added Benefits

Diabetic Eyecare Program - Provides additional coverage through medical diagnosis and procedure codes specifically targeted toward members with Type 1 diabetes.

Thirty percent off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.

[†] Co-payments apply in-network (VSP Member Doctor) at the time of service. Co-payments apply out-of-network and will be deducted from the doctor's charge.

* Within Plan Limitations. If you select a frame that costs more than your plan allowance, there will be an additional charge you will pay out of pocket. When you visit the VSP member doctor, ask him/her which frames are covered in full. The allowance is very competitive and ensures a good choice with little or no out-of-pocket cost.

There will be an extra cost if you select materials or services that are elective or cosmetic in nature, such as tints and scratch coatings. (These charges are audited by VSP to ensure that you are not paying more than necessary.)

** Exam and contact lenses are also covered once every plan year, if necessary, provided you have not received spectacle lenses in the same plan year. You may receive eyeglass frames every other plan year. You may receive either spectacle lenses or contact lenses in the plan year, but not both.

*** There is a single materials co-payment of \$20 on lenses and frames or medically necessary contact lenses.

NOTE: Some brands of spectacle frames, such as Apex, may be unavailable for purchase as plan benefits, or may be subject to additional limitations. Covered persons may obtain details regarding frame brand availability from their VSP member doctor or by calling VSP's Customer Care Division at (800) 877-3195.

**** Fifteen percent discount applies to Member Doctor's usual and customary professional fees for contact lens evaluation and fitting.

Vision Service Plan

Exam Plus Vision Plan

(Plan Year runs July 1 through June 30)

Exam Plus is an alternative to the Full Service plan. Benefits include an eye exam once every plan year and discounts on materials and professional services through VSP member doctors. Your co-payment is \$10 for your eye exam.

For glasses, a 20 percent discount will be applied to a VSP doctor's usual and customary fee for prescription glasses and spectacle lens options, such as scratch coating and anti-reflective coating.

For contact lenses, a 15 percent discount will be applied on VSP member doctor's professional services associated with all prescription contact lenses, which includes the contact lens exam (fitting and evaluation).

These discounts may be used for 12 months following the date of the covered eye examination and are available from any participating VSP Member Doctor.

VSP's Laser Vision Care Program now provides discounts for LASIK and PRK surgeries from network laser surgery centers. Contact your VSP doctor for more information.

You may choose to cover your family by selecting the 'Employee & Family' rates. You may cover your spouse and any children, stepchildren or foster children up to age 26.

If you go to a non-member doctor, you will be reimbursed up to \$35 for the eye exam. The discounts do not apply at a non-member doctor.

Your Monthly Retiree Rates

Exam Plus plan

| | |
|------------------|--------|
| Retiree Only | \$1.59 |
| Retiree & Family | \$3.61 |

How To Use These Plans

To obtain vision care benefits, call a VSP member doctor, identify yourself as a VSP patient and make an appointment. The doctor's office will verify the patient's eligibility and plan coverage and obtain authorization from VSP. **There are no I.D. cards distributed with these plans.**

The doctor will explain any additional charges. After you pay your co-payment, the doctor will take care of all the paperwork.

If you prefer, you can visit a nonmember doctor and pay the doctor's normal charges. Save your itemized receipt and mail it within six months of service date to:

Vision Service Plan

P.O. Box 997105

Sacramento, CA 95899-7105

For more information, contact VSP's Customer Service Line at 1-800-877-7195.

For a current list of available VSP doctors, go to www.vsp.com, and select "VSP Signature" network.

How To Print Your Vision ID Card

A Member Vision Card will be available to VSP Members on VSP.com.

- Members will need to sign into VSP.com to access the card.
- If the member does not have active coverage, a Member Vision Card will not be available.
- After logging on the employee will see "Member Vision Card" on the left under the category Benefit Resources
- Member should click on the link, and the card will create.

Note: The card is not required to obtain services.

Hearing Health Care

Why have a Hearing Plan?

Hearing is one of the five natural senses that allow us to enjoy life and the world around us. Music, radio, television, movies, theater – all become less accessible and enjoyable without the benefit of hearing. And the loss of sounds like sirens and alarms can actually endanger your life.

Hearing is a valued life asset that can be protected, treated and assisted through a program for hearing healthcare. The EPIC Hearing Service Plan provides easy access to hearing health professionals – primarily physicians and audiologists who can help you achieve your maximum hearing potential throughout your life.

EPIC's Five-Step Plan

The EPIC Hearing Service Plan starts with an evaluation of your ears and hearing. Diagnostic tests and measures will determine the course of treatment most likely to help you hear better. The EPIC Hearing Plan's 5 Basic Steps to Good Hearing include:

1. **Pure Tone Hearing Test** - to determine if a hearing problem exists
2. **Functional Assessment** - to define the magnitude of the problem and the technology best suited to treat it
3. **Hearing Aid Evaluation** - to determine your ability to wear a hearing aid and select the best model and make
4. **Fitting and Programming** your hearing aid
5. **Therapy and Training** - to fine tune your device and maximize the benefits you receive.

How the EPIC Plan Works

1. Call EPIC at 1-866-956-5400.
2. A hearing counselor will register you and assist in determining your healthcare needs.
3. You will receive a Hearing Service Plan booklet outlining all plan benefits, services and pricing.
4. A hearing counselor will coordinate a referral to a provider location near your home or work.
5. Contact the provider; follow through with an appointment, examination and treatment.
6. EPIC will coordinate and manage all payments.
7. EPIC will assist you in coordinating any insurance benefits or coverages when applicable.
8. Contact EPIC at any time for assistance, advice or additional information at 1-866-956-5400.

Your Monthly Retiree Rates

| | |
|--------------------|--------|
| Retiree Only | \$1.75 |
| Retiree & Spouse | \$3.56 |
| Retiree & Children | \$2.60 |
| Retiree & Family | \$4.40 |

When to call EPIC

If you or a family member experience any of the following, you may have a hearing problem that could be helped by a hearing health professional:

- Difficulty understanding voices and words (especially those of women and children)
- Occasional ringing in one or both ears
- Itching in the ear canals
- Difficulty understanding in noisy situations
- Turning up the television volume to understand the dialogue

In addition, some more serious symptoms merit immediate attention by a physician.

- A sudden hearing loss
- Spinning and dizziness with vomiting
- Persistent ringing in one ear
- Blood or fluid draining from one or both ears
- Persistent pain in one or both ears

Underwritten by Fidelity Security Life Insurance Company, Kansas City, MO Policy Form #M-9091.

Hearing Health Care

| Feature | Benefit Amount | Frequency |
|--|------------------------------|---|
| Examination <ul style="list-style-type: none"> • Adults • Children | \$50 | Adults: Once every 2 years Children: Once every year |
| Hearing Aid Device <ul style="list-style-type: none"> • Adults • Children | \$300 per ear device benefit | Adults: Once every 5 years Children: Once every two year |

Summary of Additional Hearing Products at Discounted Prices*

- Hearing Device Batteries - Discount battery program provides savings up to 40% off MSRP on name brand batteries. Orders are shipped direct with no shipping fees. EPIC will provide a one-year supply of batteries for any hearing aid(s) purchased in-network at the completion of the trial period.
- Custom Ear Protection
- Custom Swim Plugs
- Custom Musician Plugs
- Hearing Aid Cleaning Supplies
- Telephone Amplification
- Wireless TV Amplification
- Hearing Aid Compatible Cell Phones
- Assistive/Alerting Devices
- Product Warranties - EPIC provides an extended 3-year warranty on all hearing aid purchases at no additional cost to you.

Call EPIC to order or for more information, 1-866-956-5400.

* These are discounted items and are not insured benefits.

Beyond Your Benefits

Insurance Benefits

Health insurance benefits will be provided by the Health Insurance Plan(s). The types and amounts of health insurance benefits available under the Health Insurance Plan(s), the requirements for participating in the Health Insurance Plan(s) and the other terms and conditions of coverage and benefits of the Health Insurance Plan(s) are set forth from time to time in the Health Insurance Plan(s). All claims to receive benefits under the Health Insurance Plan(s) shall be subject to and governed by the terms and conditions of the Health Insurance Plan(s) and the rules, regulations, policies and procedures from time to time adopted.

Notice of Administrator's Capacity

This notice advises insured persons of the identity and relationship among the contract administrator, the policyholder and the insurer:

1. FBMC has been authorized by your employer to provide administrative services for your employer's insurance plans offered herein. In some instances, FBMC may also be authorized by one or more of the insurance companies underwriting the benefits offered herein to provide certain services, including (but not limited to) marketing, underwriting, billing and collection of premiums, processing claims payments and other services. FBMC is not the insurance company or the policyholder.
2. The policyholder is the entity to whom the insurance policy has been issued. The policyholder is identified on either the face page or schedule page of the policy or certificate.
3. The insurance companies noted herein have been selected by your employer, and are liable for the funds to pay your insurance claims.

If FBMC is authorized to process claims for the insurance company, we will do so promptly. In the event there are delays in claims processing, you will have no greater rights to interest or other remedies against FBMC than would otherwise be afforded to you by law. FBMC is not an insurance company.

Privacy Statement

As a provider of products and services that involve compiling personal—and sometimes, sensitive—information, protecting the confidentiality of that information has been, and will continue to be, a top priority of FBMC. We collect only the customer information necessary to consistently deliver responsive services. FBMC collects information that helps serve your needs, provide high standards of customer service and fulfill legal and regulatory requirements. The sources and types of information collected generally varies depending on the products or services you request and may include:

- Information provided on enrollment and related forms - for example, name, age, address, Social Security number, e-mail address, annual income, health history, marital status and spousal and beneficiary information.
- Responses from you and others such as information relating to your employment and insurance coverage.
- Information about your relationships with us, such as products and services purchased, transaction history, claims history and premiums.
- Information from hospitals, doctors, laboratories and other companies about your health condition, used to process claims and prevent fraud.

We maintain safeguards to ensure information security and are committed to preventing unauthorized access to personal information.

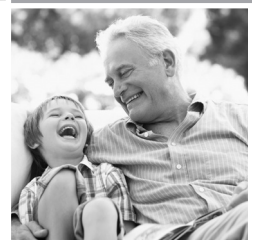
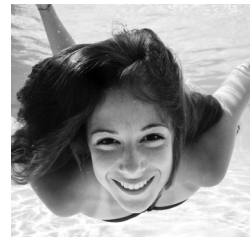
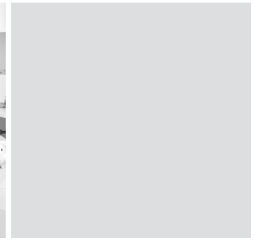
We limit how, and with whom, we share customer information. We do not sell lists of our customers, and under no circumstances do we share personal health information for marketing purposes. With the following exceptions, we will not disclose your personal information without your written authorization. We may share your personal information with insurance companies with whom you are applying for coverage, or to whom you are submitting a claim. We also may disclose personal information as permitted or required by law or regulation. For example, we may disclose information to comply with an inquiry by a government agency or regulator, in response to a subpoena, or to prevent fraud.

Note this Privacy Statement is not meant to be a Privacy Notice as defined by the Health Insurance Portability and Accountability Act (HIPPA). You may receive a Privacy Notice from your employer or from the providers of various health plans in which you enroll. You should read these statements carefully to assure you understand your rights under HIPPA.

Notes

2013 Benefit Fair Schedule

| Date | Location | Time |
|---------------------|---|-----------------|
| Monday, April 8 | Martinsburg Holiday Inn 300 Foxcroft Ave. | 3 p.m. - 7 p.m. |
| Tuesday, April 9 | Comfort Suites Parkersburg South 167 Elizabeth Pike, Mineral Wells | 3 p.m. - 7 p.m. |
| Wednesday, April 10 | Charleston Civic Center Parlor A, 200 Civic Center Drive | 3 p.m. - 6 p.m. |
| Thursday, April 11 | Morgantown Ramada Inn Interstate-68 Exit 1, U.S. 119 North | 3 p.m. - 7 p.m. |
| Monday, April 15 | Northern Community College Market Street, Wheeling | 3 p.m. - 7 p.m. |
| Tuesday, April 16 | Tamarack Conference Center, Board Room One Tamarack Park, Beckley | 3 p.m. - 7 p.m. |
| Thursday, April 18 | Big Sandy Superstore Arena One Civic Center Plaza, Huntington | 3 p.m. - 7 p.m. |



FBMC BENEFITS MANAGEMENT

Contract Administrator
FBMC Benefits Management, Inc.
P.O. Box 1878 • Tallahassee, Florida 32302-1878
Service Center 1-844-55-WVA4U (1-844-559-8248)
www.myFBMC.com

Information contained herein does not constitute an insurance certificate or policy. Certificates will be provided to participants following the start of the plan year, if applicable.

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